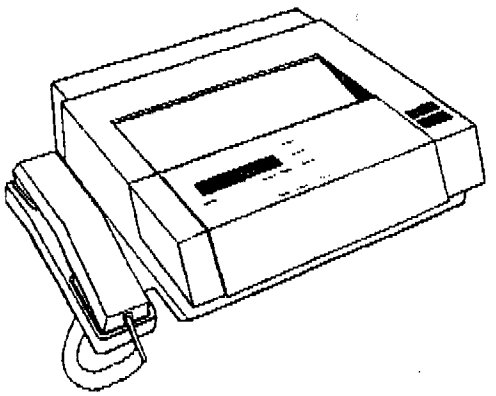
DHC-2510

Burlington Resources Oil & Gas Company
San Juan Division IST/Telecom Department
3535 E. 30th Street
P. O. Box 4289
Farmington, NM 87499-4289

Lawson IA



TO: David Catanach
FAX: 505-599-4046
FROM: Peggy
DATE: 11/16/99
RE: Notification Letters
PAGES:
CC:

827-1389

O Urgent O For Review O Please Comment O Please Reply O Please Recycle

David - Sorry about that. I thought she had included them.

Lawson IA

SENDER:
- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write *"Return Receipt Requested"* on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

KANSAS UNCLAIMED PROPERT DIV
F/A/O EARL SWESEY DECD
900 JACKSON STE 201
TOPEKA, KS 666121235

4a. Article Number
Z 554 663 909

4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery OCT 22 1999

5. Received By: *(Print Name)*

8. Addressee's Address *(Only if requested and fee is paid)*
ADDRESS SAME AS #3

6. Signature: *(Addressee or Agent)*
X

PS Form **3811**, December 1994 102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

Lawson IA

SENDER:
- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
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I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

LINDA JEANNE LUNDELL LINDSEY
PO BOX 631565
NACOGDOCHES, TX 759631565

4a. Article Number
Z 554 663 910

4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☒ COD

7. Date of Delivery

5. Received By: *(Print Name)*

8. Addressee's Address *(Only if requested and fee is paid)*

6. Signature: *(Addressee or Agent)*
X

PS Form **3811**, December 1994 102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

Lawson IA

SENDER:
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I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

MARGARET E HENDERSON TRUSTEE
HENDERSON REVOCABLE TRUST
100 THORNDALE DR #118
SAN RAFAEL, CA 94903

4a. Article Number
Z 554 663 907

4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
10-21-99

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)
X Neal Mandel

PS Form **3811**, December 1994 102595-98-B-0229 **Domestic Return Receipt**

Thank you for using Return Receipt Service.

Lawson IA

SENDER:
- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

ROBERT WALTER LUNDELL
2450 FONDREN #304
HOUSTON, TX 77063

4a. Article Number
Z 554 663 902

4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
10/21/99

5. Received By: (Print Name)
Robert Walter Lundell

8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.

Lawson IA

SENDER:
- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
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- Write "*Return Receipt Requested*" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

GLORIA WYNNE LANKFORD
C/O SCOTT WALKER
3501 ELM CREEK CT
FORT WORTH, TX 76109

4a. Article Number: Z 554 443 917

4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery: 10-22-99

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)
X Nina Walker

PS Form **3811**, December 1994 102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

Lawson IA

SENDER:
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- Complete items 3, 4a, and 4b.
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I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

DOROTHY J DAVIS TRUSTEE
U/W/O W FULLER DOZIER
F/B/O WILLIAM D DOZIER
12830 MT JEFFERSON ST
GROVELAND, CA 95321

4a. Article Number: Z 554 443 921

4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery: 10/22 FH

DOROTHY J DAVIS

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.

Lawson IA

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I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

UNION OIL CO OF CALIF
ATTN REVENUE ACCOUNTING
PO BOX 841055
DALLAS, TX 752841055

4a. Article Number
Z 554 663 927

4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)
X

PS Form **3811**, December 1994 102595-98-B-0229 **Domestic Return Receipt**

Thank you for using Return Receipt Service.

ID:5053269509 NOV-16-99 11:03 FROM:BR PURCH & MATLS

Is your RETURN ADDRESS completed on the reverse side?

Lawson IA

SENDER:
- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
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I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

RODGER CURTIS DUFFIE
7534 BORREGO TRAIL
YUCCA VALLEY, CA 92284

4a. Article Number
Z 554 663 901

4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
10-25

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

Lawson 11

SENDER:
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- Complete items 3, 4a, and 4b.
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3. Article Addressed to:

JAMES B TAYLOR
6645 FAIR AVE
NORTH HOLLYWOOD, CA 91606

4a. Article Number
Z 554 443 914

4b. Service Type
☐ Registered ☐ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
10-21-99

8. Addressee's Address (Only if requested and fee is paid)

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
X

PS Form 3811, December 1994 102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

Thank you for using Return Receipt Service.

Thank you for using Return Receipt Service.

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Lawson 11

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3. Article Addressed to:

ALMA RUTH BEARDSLEY TR FOR
ALMA RUTH BEARDSLEY 1988 TR
11475 DELANO ST
NORTH HOLLYWOOD, CA 91606

4a. Article Number
Z 554 443 925

4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
10-21-99

8. Addressee's Address (Only if requested and fee is paid)

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

5. Received By: (Print Name)
Ruth Beardsley

6. Signature: (Addressee or Agent)
X Ruth Beardsley

PS Form 3811, December 1994 102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

Thank you for using Return Receipt Service.

Thank you for using Return Receipt Service.

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Lawson IA

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I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

JANNA ALDRETE WARD
845 TAYLOR ST APT 5
MONTEREY, CA 939401962

4a. Article Number: Z 554 443 912

4b. Service Type: ☐ Registered ☒ Certified ☐ Express Mail ☐ Insured ☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery: MONTEREY CA 93940 OCT 22 1999 USPS

5. Received By: *(Print Name)* JANNA ALDRETE

6. Signature: *(Addressee or Agent)* x Janna Aldrete

8. Addressee's Address *(Only if requested and fee is paid)*

PS Form **3811**, December 1994 102595-98-B-0229 Domestic Return Receipt

Lawson IA

SENDER:
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I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

CAROLEE ADAMS
9112 PLAZA PARK DR
ELK GROVE, CA 95624

4a. Article Number: Z 554 443 924

4b. Service Type: ☐ Registered ☒ Certified ☐ Express Mail ☐ Insured ☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery: 10/20/99

5. Received By: *(Print Name)*

6. Signature: *(Addressee or Agent)* x Carolee E. Adams

8. Addressee's Address *(Only if requested and fee is paid)*

Lawson 11

SENDER:
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- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

CLAUDIA MARCIA LUNDELL GILMER
30 GOLDEN PL
THE WOODLANDS, TX 77381

4a. Article Number
Z 554 443 920

4b. Service Type
☒ Certified ☐ Registered ☐ Insured ☐ Express Mail ☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
10/20/99

8. Addressee's Address (Only if requested and fee is paid)

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery
Consult postmaster for fee.

5. Received By: (Print Name)
Claudia Gilmer

6. Signature: (Addressee or Agent)
X Claudia Gilmer

PS Form 3811, December 1994 102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

Thank you for using Return Receipt Service.

Thank you for using Return Receipt Service.

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

Lawson 11

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- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

JOHN D ROBERTS
15508 ARBUCKLE HEIGHTS
[redacted], OK 730138834

4a. Article Number
Z 554 443 903

4b. Service Type
☐ Registered ☒ Certified ☐ Express Mail ☐ Insured ☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
10-23-99

8. Addressee's Address (Only if requested and fee is paid)

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery
Consult postmaster for fee.

5. Received By: (Print Name)
John D Roberts

6. Signature: (Addressee or Agent)
X John D Roberts

Thank you for using Return Receipt Service.

Thank you for using Return Receipt Service.

Thank you for using Return Receipt Service.

Thank you for using Return Receipt Service.

Thank you for using Return Receipt Service.

Lawson IA

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I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

ELIZABETH SWESEY
1131 SHERBURN AVE
SACRAMENTO, CA 95822

4a. Article Number
Z 554 443 919

4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
10-21-99

5. Received By: *(Print Name)*
E M. Swesey

8. Addressee's Address *(Only if requested and fee is paid)*

6. Signature: *(Addressee or Agent)*
X E. M. Swesey

PS Form **3811**, December 1994 102595-98-B-0229 Domestic Return Receipt

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Lawson IA

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I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

GLADYS COPPIN
C/O GLORIA J MCCLAIN
1012 AUDREY WAY
ROSEVILLE, CA 95661

4a. Article Number
Z 554 443 918

4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
10/23/99

5. Received By: *(Print Name)*

8. Addressee's Address *(Only if requested and fee is paid)*

6. Signature: *(Addressee or Agent)*
X

PS Form **3811**, December 1994 102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

PAGE 10/

SENDER:
- Complete items 1 and/or 2 for additional services.
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I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

STATES INC
PO BOX 911
BRECKENRIDGE, TX 764240911

4a. Article Number
Z 554 463 899

4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
OCT 2 2 1999

5. Received By: (Print Name)
BARBARA Beene

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)
Barbara Beene

Thank you for using Return Receipt Service.

PS Form 3811, December 1994 102595-98-B-0229 Domestic Return Receipt

ID: 505326995 09
Is your RETURN ADDRESS

Lawson 11

SENDER:
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- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
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I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Ben Swesey
8042 Westboro Way
Sacramento, CA 95823

4a. Article Number
Z 554 463 929

4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
10/20/99

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)
X Linda Swesey

Thank you for using Return Receipt Service.

PS Form 3811, December 1994 102595-98-B-0229 Domestic Return Receipt

NOV-16-99 11:08 FROM:BR PURCH & MATLS

5053269950

NOV-16-99 TUE 10:00

SENDER:
- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
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I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

JEAN BILLINGSLEY
6921 W 4TH ST
RIO LINDA, CA 95673

4a. Article Number
Z 554 663 911

4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
10/20/99

5. Received By: (Print Name)
Jean Billingsley

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)
X Jean Billingsley

PS Form 3811, December 1994 102595-98-B-0229 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

UNITED ST

...wson 14

...DER:
...mplete items 1 and/or 2 for additional services.
...mplete items 3, 4a, and 4b.
...r your name and address on the reverse of this form so that we can return this ...d to you.
...ch this form to the front of the mailpiece, or on the back if space does not ...mit.
...e "Return Receipt Requested" on the mailpiece below the article number.
...Return Receipt will show to whom the article was delivered and the date ...ivered.

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

...rticle Addressed to:

...HOMAS CHRISTOPHER DUFFIE
...361 PEACH TREE AVE
...EWARK, CA 94560

4a. Article Number
Z 554 663 926

4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
10/22/99

...eceived By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

...gnature: (Addressee or Agent)
Stephanie Duffie

...orm 3811, December 1994 102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

Thank you for using Return Receipt Service.

Thank you for using Return Receipt Service.

Lawson IA

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- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

CARROL JO CATES
5402 E MCKELLIPS RD #280
MESA, AZ 85215

4a. Article Number
Z 554 643 923

4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
6/27/99

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)
X

PS Form 3811, December 1994 102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

Lawson IA

SENDER:
- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

ROBERT E BEAMON III
C/O FIRST NATL BK OF BELLVILLE
ATTN STEVE ZAPALAC
P O BOX 128
BELLVILLE, TX 77418

4a. Article Number
Z 554 643 903

4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
10-21-99

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)
X Melvin Huntzel

PS Form 3811, December 1994 102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

Thank you for using Return Receipt Service.

Lawson 1A

SENDER:
- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

ELIZABETH BEARD TANKSLEY
PO BOX 720
ALPINE, TX 79831

4a. Article Number
Z 554 443 922

4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery OCT 20 1999

5. Received By: *(Print Name)*

8. Addressee's Address *(Only if requested and fee is paid)*

6. Signature: *(Addressee or Agent)*
Elizabeth Tanksley

PS Form **3811**, December 1994 102595-98-B-0229 **Domestic Return Receipt**

Thank you for using Return Receipt Service.

Lawson 1A

SENDER:
- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

EX PARTNERSHIP LTD
O BOX 911
RECKENRIDGE, TX 764240911

4a. Article Number
Z 554 443 915

4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
OCT 22 1999

5. Received By: *(Print Name)*
ARBARA Beene

8. Addressee's Address *(Only if requested and fee is paid)*

Signature: *(Addressee or Agent)*
Barbara Beene

m **3811**, December 1994

Thank you for using Return Receipt Service.

Lawson IH

SENDER:
- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
MARGARET F MURRAY TRUSTEE
MARGARET F MURRAY TRUST
RT 1 BOX 164A
DUNCAN, OK 735339714

4a. Article Number Z 554 443 926

4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery 25 OCT 1999

5. Received By: (Print Name)

6. Signature: (Addressee or Agent) X

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994 102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

Lawson IH

SENDER:
- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
W THOMAS BEARD III
P O BOX 668
ALPINE, TX 79830

4a. Article Number Z 554 443 926

4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery 20-OCT-99

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994 102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

Lawson HA

SENDER:
- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

MICHAEL SCOTT LEA
3032 S OAK WAY
LAKEWOOD, CO 802272621

4a. Article Number
Z 554 443 885

4b. Service Type
☐ Registered ☐ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
11-25-99

5. Received By: *(Print Name)*

6. Signature: *(Addressee or Agent)*
X

8. Addressee's Address *(Only if requested and fee is paid)*

PS Form **3811**, December 1994 102595-98-B-0228 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

Thank you for using Return Receipt Service.

Thank you for using Return Receipt Service.

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

Is your **RETURN ADDRESS** completed on the reverse side?

SENDER:
- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

MINERALS MANAGEMENT SERVICE
ROYALTY MANAGEMENT PROGRAM
PO BOX 5810
DENVER, CO 80217-5810

4a. Article Number Z 554 163 894

4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery OCT 25 1999

8. Addressee's Address (Only if requested and fee is paid) Agent for MMS

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery
Consult postmaster for fee.

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
X

PS Form 3811, December 1994 102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

Thank you for using Return Receipt Service.
Thank you for using Return Receipt Service.

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

Is your **RETURN ADDRESS** completed on the reverse side?

SENDER:
- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

MINERALS MANAGEMENT SERVICE
ROYALTY MANAGEMENT PROGRAM
PO BOX 5810
DENVER, CO 80217-5810

4a. Article Number
Z 554 163 994

4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
OCT 25 1999

8. Addressee's Address (Only if requested and fee is paid)

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery
Consult postmaster for fee.

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
X Agent for MMS

PS Form 3811, December 1994 102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

Thank you for using Return Receipt Service.
Thank you for using Return Receipt Service.

n this box ●

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

Is your **RETURN ADDRESS** completed on the *reverse side*?

Lewison #1

SENDER:
- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "*Return Receipt Requested*" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

SHIRLEY DOZIER CLUNE
2116 TICE CREEK DR #1
WALNUT CREEK, CA 94595

4a. Article Number
Z 554 643 990

4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
10-23-99

5. Received By: *(Print Name)*

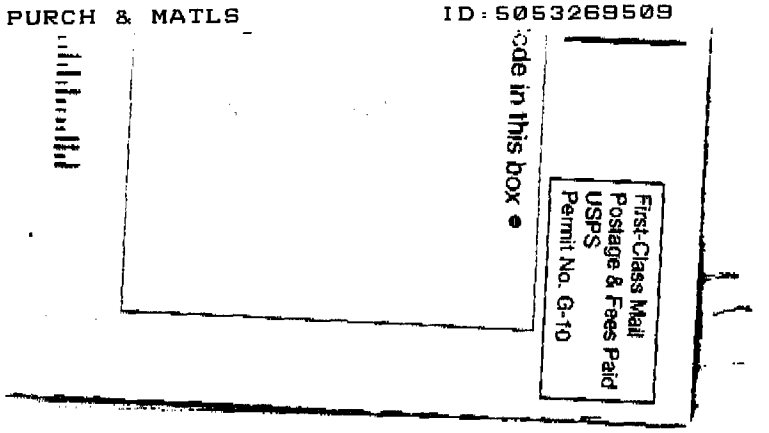
8. *Addressee's Address (Only if requested and fee is paid)*

6. Signature: *(Addressee or Agent)*
X

PS Form **3811**, December 1994 102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

Thank you for using Return Receipt Service.



Is your **RETURN ADDRESS** completed on the reverse side?

Lawson HA

SENDER:
- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

JANE K BEARD
4104 LOVERS LN
DALLAS, TX 75225

4a. Article Number
Z 554 443 913

4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

5. Received By: *(Print Name)*

7. Date of Delivery
10-26-99

6. Signature: *(Addressee or Agent)*
X

8. Addressee's Address *(Only if requested and fee is paid)*

PS Form **3811**, December 1994 102595-98-B-0229 **Domestic Return Receipt**

Thank you for using Return Receipt Service.

OIL CONSERVATION DIVISION
2040 South Pacheco Street
Santa Fe, New Mexico 87505
(505) 827-7131

NEW MEXICO ENERGY, MINERALS
& NATURAL RESOURCES DEPARTMENT

November 10, 1999

Burlington Resources Oil & Gas
P.O. Box 4289
Farmington, New Mexico 87499

Attention: Ms. Peggy Bradfield

Re: DHC Applications
Tommy Bolack No. 1M
Lawson No. 1A
Grenier No. 4
Decker No. 4A

Dear Ms. Bradfield:

Please submit a notification list of interest owners for each of the above-described applications. I will process the applications, however, this list needs to be in the files. Thanks for your help.

Sincerely,

David Catanach
Engineer